

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/501,906

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4	3						
5	0						
6	0						
7	0						
8	0						
9	0						
10	0						
11	0						
12	0						
13	0						
14	0						
15	0						
16	0						
17	1						
18	1						
19	1						
20	3						
21	1						
22	1						
23	2						
24							
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49							
50							
TOTAL IND.	3						
TOTAL DEP.	25						
TOTAL CLAIMS	28						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS